

CONSULTANT TO CONSULTANT REFERRALS AND ONWARD REFERRALS TO OTHER SERVICES

This policy sets out the approach which the Leeds Clinical Commissioning Groups expect to be adopted by hospital/secondary care services when considering whether a patient should be referred on to another service, or returned to the patient's GP.

1. Once a GP has referred into a hospital/secondary care provider (including a community provider), where necessary for the patient's management the consultant/GPSI **can and should refer the patient on to another service (including to another consultant) for the same presenting condition rather than refer back to the GP for onward referral.** This includes referral from Emergency Departments and following an acute admission. This reflects a change from historic arrangements where such onward referrals were discouraged.
2. Decisions to refer on to another service should **only be made by a consultant (or GPSI in community services or by appropriate Allied Health Professionals)**, not by junior medical staff. The referral should be made to the service which is most convenient and clinically appropriate for the patient, which may be a service in a community setting rather than one provided by the same organization. Hospital staff can and should refer directly onto a range of Leeds community services (see Appendix 1) rather than referring back to GPs. If there are other services that consultants are aware of and are unsure whether they can directly refer, please contact helen.lewis5@nhs.net
3. The patient and the GP should be informed that the onward referral is being made. The patient should wherever possible be given an indication of the likely wait until the next appointment. The patient should also be made aware that if they wish to consider continuing their care at another provider they are free to discuss this with their GP.
4. Where a consultant identifies a condition **unrelated to the symptoms** for which the patient was originally referred, they should usually only refer on if there could be an immediate threat to life, sight or limb or in relation to a possible cancer diagnosis where delay might impact on the patient's care. They should ensure the GP is made aware at the point of the onward referral. In other cases, the patient should be referred back to primary care for management.
5. Where a consultant can determine **in advance** from the referral letter that another consultant/service would be more suitable for the patient, they should try to redirect the patient so they are booked into the more suitable service, rather than requiring the patient to attend twice.

Leeds Clinical Commissioning Groups,
7 March 2017

Appendix 1: Other non-hospital providers in the Leeds area (for patients registered with a Leeds GP practice)

A current list of independent out of hospital providers is shown on Leeds Health Pathways on the **Leeds Pathways Section under ‘any qualified provider’**

Leeds Community Healthcare NHS Trust provides the following services to which hospital clinical staff can also directly refer. Referral forms and contact details are visible on the Leeds Community Healthcare Website:

<http://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/>. If you have problems referring to these services, please contact the CCG acute commissioning team so we can see if they can be resolved (via Helen.lewis5@nhs.net)

Cardiac rehabilitation
Cardiac Heart Failure nurses
Community Intermediate Care Unit (via discharge team arrangements)
Community diabetes services (for referral from hospital specialist diabetes team – other diabetes issues should be referred back to primary care initially)
Community falls service
Community geriatrician
Community neurological rehabilitation and community stroke service
Community Urology and Colorectal Service (CUCS)
End of Life Care Homes Facilitators
Homeless Accommodation Leeds Pathway
Musculoskeletal Service
Nutrition and Dietetic Service (referral pathways currently being updated- please refer to hospital dietetic service in the first instance for advice)
Podiatry Service
Respiratory: Chronic Disease Management, Pulmonary Rehabilitation and Early Supported Discharge
Respiratory: Home Oxygen Assessment and Review
Speech and swallowing team
TB Health Visiting Team
Wound Prevention and Wound management service

Referrals to the Local NHS Mental Health Services

All mental health referrals from secondary care should be made via the Single Point of Access (SPA) rather than via GP referral. The SPA is open 24 hours a day, 7 days a week on 0300 300 1485. They will initially offer telephone advice and support but will undertake face to face assessments if required.

The only exception is for suspected dementia where the agreed pathway is that patients should have diagnostic work up before referral. If this has not been carried out in the hospital setting, the patient should be referred back to the GP for consideration of onward referral to the memory services. Any queries about this pathway should be sent to Tim.Sanders1@nhs.net.